Public Health Nursing Preceptor Handbook

Each of us has a spark of life inside us and our highest endeavor ought to be to set off the spark in one another.

-Florence Nightengale

Public health makes life better.

Council for Public Health Nursing
Center for Local Public Health Services
Missouri Department of Health and Senior Services

2006

Introduction

The development of a competent future public health nursing workforce is strongly influenced by the nursing students' educational experiences. The responsibility for providing realistic, high quality public health nursing education is shared by both education and practice. Using currently employed public health nurses as preceptors for students is a successful strategy that increases the education/ practice partnership and benefits both the students and the preceptors.

The Missouri Department of Health & Senior Services, Council for Public Health Nursing, created this handbook to assist preceptors and educators in developing preceptor programs. The information in this handbook is intended to serve as a guide and should be adapted to meet the needs of the agency, student, and school of nursing.

Special recognition is given to the Minnesota Department of Health, Center for Public Health Nursing. Their publication, *Linking Public Health Nursing Practice and Education to Promote Population Health, Preceptor Handbook*, was a model for this project. We appreciate their willingness to share their product and allow us to adapt it for use in Missouri.

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A preceptor fills three roles: nurturer, educator, and role model.

Benefits of A Preceptor Education Model

A preceptor education model provides the following benefits:

For Students

- Individual support and encouragement by a practicing professional
- Individualized orientation to meet learning needs
- Increased knowledge about public health and public health nursing as a specialty
- Creation of a relationship for exchange of information and ideas
- Opportunity to apply curriculum content to a real practice environment
- Closer working relationship between faculty and agency leading to improved access and understanding of community and agency
- Increased confidence in nursing skills

For Preceptors

- Formal recognition of preceptor as a role model
- Gratification of advancing the practice of public health nursing
- Networking opportunities and support from other preceptors and faculty
- Opportunity to sharpen own skills and knowledge base
- Increased ability to coach/mentor/teach others
- Opportunity to influence change in workplace
- Satisfaction of sharing knowledge and experience

For Agency

- Increased clinical, communication and teaching skills of preceptor contribute to agency goals
- Commitment of preceptor as valued, knowledgeable member of the organization
- Retention of skilled public health nurses who are able to continue their professional development
- Recruitment of new public health nurses whose skills are known and recognized
- Creation of a relationship for exchange of information and ideas
- Closer working relationship between faculty and agency leading to improved access and understanding of community and agency
- Opportunity to see public health issues with the fresh perspective of students

For School of Nursing

- Creation of a relationship with others for exchange of information and ideas
- Closer working relationship between faculty and agency leading to improved access and understanding of community and agency
- Opportunity for research, special projects, and publications

For Community

- Increased services to the community
- Opportunity for the community to shape the future nursing workforce

Preceptor Definition and Qualifications

Definition

"A preceptor is a person who teaches, counsels, inspires, serves as a role model and supports the growth and development of an individual (the novice) for a fixed and limited amount of time with the specific purpose of socializing the novice into a new role." (Morrow, 1984)

Preceptors may work with one or several students. The preceptor may be the primary day-to-day agency contact for the student or assist in connecting the student(s) with others in the agency. The agency and the faculty member should jointly decide on the specific arrangements for the preceptor-student relationship.

Qualifications

- Willingness to share professional values, beliefs, and skills with the student
- A passion for public health nursing and a desire to share the practice with others
- A strong knowledge of population-based public health nursing
- Experience as a public health nurse with ability to convey the essential components of the public health nursing role to students
- Effective verbal and written communication skills, including the ability to listen and ask questions
- Well organized and dependable
- Strong problem solving skills

Preceptor Role and Responsibilities

Preceptor Role

A preceptor fills three roles: nurturer, educator, and role model.
Preceptors guide and enhance the population-based learning of students by providing:

- Ideas
- Information & Resources
- Feedback

Preceptor Responsibilities

- Identify a variety of population-based learning opportunities for the student's clinical experience with agency administration, student(s), and faculty
- Collaborate with faculty in selection of specific educational experiences and the amount and type of supervision to be provided by faculty
- Assure ongoing communication with agency administration, faculty and student
- Provide orientation to facility and equipment to student and faculty
- Be available to student as determined, and contact student if unable to make a scheduled meeting
- Assist student in developing knowledge and skills for population-based practice
- Act as agency and community resource for the faculty
- Model professional practice
- Provide feedback regarding student's progress, identify problems, and suggest ways to resolve issues
- Evaluate the preceptor experience with the student and faculty member

Essential Differences Between Preceptor and Mentor

Preceptor	Mentor
Relationship is relatively short, generally spans the duration of a course or student rotation	Relationship is long-term, generally lasts several years, and may extend indefinitely beyond the period of structured mentorship
Relationship between preceptor and student is principally professional, more focused, and limited in scope	Relationship between mentor and protégé is professional and personal, more global, intense, and very close
Preceptor works with a small group or one-on-one with individual students	Mentor works one-on-one with a protégé
Preceptor must possess excellent professional and teaching skills	Mentor must possess excellent professional and teaching skills, and must have achieved a high level of recognition within his/her professional field
Student benefits from the relationship, the preceptor reaps some rewards	Both protégé and mentor reap significant rewards, with transformation of both parties

Sachdeva, A. (1996). A Preceptorship, Mentorship, and the Adult Learner in Medical and Health Science, *MD Journal of Cancer Education*, 11(3).

Agency Administration Responsibilities

Responsibilities of the agency include the following:

- Collaborate with faculty and preceptor to identify a range of learning opportunities for clinical experience
- Assure ongoing communication with student, faculty and preceptor
- Collaborate faculty and school of nursing regarding the amount and type of supervision to be provided by faculty
- Provide orientation about polices and programs of the agency to the students and nursing faculty
- Assure students have been informed about HIPAA confidentiality requirements and have signed confidentiality statements
- Provide competent and qualified staff to be preceptors
- Support preceptor and provide resources to accommodate the student
- Provide agreed upon physical space for the faculty member and students to have conferences and workspace
- Evaluate the preceptor program with the faculty member, student and preceptor
- Communicate benefits of preceptor program to governing and advisory boards

Student Responsibilities

Responsibilities of the students include the following:

- Explore a range of population-based learning opportunities with the preceptor and faculty
- Assure ongoing communication with preceptor and faculty member
- Fulfill the learning goals, course objectives and assignments
- Communicate learning needs to preceptor and faculty member
- Contact preceptor and faculty member if unable to make scheduled meetings
- Follow agency policies and procedures (including policies on confidentiality, documentation, transporting clients, building courtesy, dress code, etc.)
- Communicate concerns and problems to preceptor and faculty
- Dress appropriately for the special learning experiences such as meetings, health fairs, etc.
- Treat all agency staff and clients with respect

Suggested Student Policies

Policies are needed to avoid misunderstandings while students are working in an agency. Public health agencies and schools of nursing may already have policy guidelines in place. Those guidelines may be substituted or added to these.

- Faculty and student names and contact information (phone numbers, e-mail addresses, etc.) will be provided to agency staff.

- Agency staff contact information will be provided to faculty and students.

- A calendar for student activities will be accessible to students and agency staff.

- Students will follow agency policies (including policies on confidentiality, documentation, transporting clients, building courtesy, sign-in, use of equipment and supplies, use of telephones, and computers.)

- The public health agency retains ultimate responsibility for the client and services provided. Students are accountable for their actions and for functioning within the role of student. Faculty members are responsible for making assignments consistent with the student's abilities, and to provide adequate supervision. Any concerns from the community or health department staff will be brought to the faculty.

- Agency/Preceptors will receive an orientation to the coursework for students (i.e., the course syllabus), course objectives, expected learning outcomes, and process for communicating progress toward their completion. Faculty may recommend methods to foster learning and offer suggestions in the teaching role.

Adapted from South Dakota State University, College of Nursing, Department of Undergraduate Nursing, *Preceptor Handbook.*

Student Characteristics

Students vary in their cultural backgrounds, skills, knowledge, level of maturity, strengths and weaknesses etc. However, the following are typical characteristics of students:

- Intelligent, with lots of book knowledge
- Enthusiastic
- Comfortable with technology
- Limited experience with client/patient contact and working with groups
- Limited communication skills
- Limited team skills-as students they are usually in a competitive situation with other students
- Untested work ethic
- May not know how to prioritize work
- Unsure of abilities
- Idealistic-Often do not understand limitations imposed by reality

Adapted from Missouri Department of Health & Senior Services, Program for Dietetic Interns. (2006), *Preceptor Training Resource Manual*. Missouri Department of Health & Senior Services.

Responsibilities of Faculty & Nursing Program

Responsibilities of the school of nursing and faculty include the following:

- Communicate with agency and preceptor to determine agreement regarding the number of students and assigned schedule.
- Identify learning opportunities for student clinical experience with preceptor, agency administration, and student.
- Provide course objectives, syllabus, and textbook to agency and preceptor.
- Become oriented to the agency policies and procedures, facility and equipment.
- Collaborate with agency administration and preceptor regarding the amount and type of supervision to be provided by faculty to students.
- Assure ongoing communication with agency administration, preceptor and student.
- Provide support and feedback to the preceptor and student.
- Provide adequate supervision, guidance and evaluation of students.
- Provide documentation that the students and faculty have professional liability insurance coverage.
- Advise the agency as to the plan for student's emergency medical care while assigned to the agency.
- Assure memorandum of agreement between agency and School of Nursing is in place.
- Evaluate preceptor experience with agency administration, preceptor and student.
- Report benefits of preceptor program to stakeholders.
- Meet with agency staff before, during, and following the educational experience to evaluate the learning experience and plan for the future.

Guidelines for Memorandum of Agreement Between Agencies and Nursing Programs

The purpose of a memorandum of agreement between a nursing program and an agency is to define lines of authority and the professional responsibilities of the involved parties. The agreement is written and signed and should be reviewed annually.

The agreement should include:

- Parties involved in the agreement;
- Responsibilities of the educational institution;
- Responsibilities of the local agency;
- Responsibilities of the students;
- Joint responsibilities;
- Liability coverage of faculty and students independent of the health agency;
- Confidentiality Guidelines;
- Notice necessary to terminate the agreement; and
- Any other items needed for the protection of the client/family, students, local agency, and nursing program.

Examples of Preceptor and Student Activities

Specific activities should be developed through dialogue between faculty, preceptor and student. Special emphasis should be placed on population-based practice and identification of interventions on a community and systems level of practice.

Example of Activities

Have students keep a log of their hours, include a reflective portion that describes what they did, what their goals are, and any questions for the preceptors (sample form on page 16).

Have students set outcomes for their project with their preceptor and formalize in an agreement or contract.

Review the global, national, local, sports, life, health, and business sections of a local or national newspaper

- Identify six public health issues in at least three sections.
- Describe the impact of each identified issue on public health.
- Identify the level of public health prevention related to the issue.
- Describe the impact on the community if public health intervention did not occur for the identified issue (e.g., premature deaths, intimate partner violence, unemployment, poor housing conditions, new manufacturing plant moving into the area, teen pregnancy, high school drop-outs, food recall, or heat-related sport illnesses).

Discuss agency philosophy, structure, policies and procedures within the context of population-based practice.

Discuss how programs/projects are funded and any laws related laws or legislation

Share what is interesting/exciting about public health nursing. Describe a "typical" day and the most satisfying and most frustrating parts of the job.

Discuss trends and developments in public health you think will affect public health nursing in the future.

Discuss professional standards of public health nursing.

Refer to Cornerstones of Public Health Nursing (page 34). Discuss differences between public health nursing role and other nursing roles.

Review with students what makes an intervention "population-based" (see page 36). Discuss how public health nurses work on all 3 levels of population-based practice (individual/family, community, and systems), and use the 17 public health interventions depicted on the Intervention Wheel (see pages 35-39).

Examples of population-based individual/family activities:

- Conduct a joint home visit (HV) with student and discuss individual focus within population-based practice.
- Check with student about his/her discomfort, anxiety. or fears of making home visits or conducting other public health activities,
- Discuss with student strategies to resolve discomfort (i.e., role-play an ideal first encounter, allow time for student to become familiar with any equipment, assessment tools, etc. to be used, level of supervision preceptor will provide).

Examples of population-based community and systems activities:

- Attend a community meeting with preceptor and discuss community or systems focus within population-based practice.
- Attend a community meeting with preceptor and discuss systems focus within population-based practice.

Schedule time for reflection with students around their activities. Let students in on your thought processes; alert them to potential difficulties and strategies to avoid problems.

Use the following questions to stimulate discussion before an activity:

- What is the most important aspect of the activity?
- How are you planning to approach the activity?
- What might be some barriers, obstacles, other considerations, pros and cons of various activities?
- Can you think of any other ways to approach this?

Use the following questions to stimulate discussion after an activity:

- What worked about your intervention? What made it work?
- What didn't work? What could you or someone else do differently?
- What are some other situations in which these experiences might apply?
- Explore/explain reasons for decisions.

Use stories to illustrate public health nursing interventions from the document, *Wheel of Public Health Interventions-A Collection of "Getting Behind the Wheel" Stories, 2000-2006.* The document is available at http://www.health.state.mn.us/divs/cfh/ophp/resources/phnnews/docs/0606wheelbook.pdf

SAMPLE FORMS

Student _____ Preceptor _____
Clinical Instructor _____ Dates Covered in Report _____

Sample Form

Student Log of Clinical Hours

Each student is required to record hours spent on his/her community health experience. This is actual time spent – not projected time – and represents project-related work or other clinical experiences. Clinical hours do not include work on class assignments, which are to be completed outside of clinical time. Time spent by the student on the final report that is determined by the preceptor and submitted by the student at the end of the semester can be logged in as clinical time. Time spent in preceptor-student-instructor meetings can also be included as clinical time. The log should be submitted by email to both the preceptor and the student's instructor at the end of each week's clinical experience.

Clinical Hours Completed During Week with List of Activities *Sample:* *3 hours on Tuesday, Sept. 10 working on population assessment, doing windshield survey* *2 hours on Wednesday, Sept. 11 gathering web data about population from CDC web site* *3 hours on Thursday night, Sept. 12 at coalition meeting*
Running Total of Clinical Hours Completed to Date *Sample:* *Total = 19 hours* *Sept. 10 – 12 – 8 hours* *Sept. 16 – 20 – 5 hours* *Sept. 24 – 25 – 6 hours*
Signed: I verify the accuracy of the reported clinical hours listed above. Student __(can be electronic and emailed)_____ Date _____

Sample Format
Weekly Journaling of Clinical Experiences

The purpose of the student's journal is to keep a record of your clinical experiences in Community Nursing. It should reflect progress on the assigned project and other activities, what you are learning, and what your clinical experience means to you. The journal is an excellent way to assess what you are doing, to articulate methods and goals you have developed, and to "think out loud". You are required to have at least one entry per clinical experience per week; you may add more if you choose. Journals should follow the prescribed format outlined below and represent reflective thinking and insightful evaluation of your own performance. It is not expected that you have perfect results, but instead, show that you have put in quality time during your clinical activities for the week.

Description Of Your Work

A complete record of your activities, whether face-to-face nursing care, visiting a patient at home, working in the agency, preparing your project, etc. Try to remember everything that happens. Don't make any inferences; just write the facts. Reflect on the activities that you planned and accomplished, as well as activities that could not be accomplished.

Reaction To Your Experiences For The Week

- What are *your feelings and perceptions* about what happened during your clinical experience – about your behavior and the behavior of others? What are *you* learning?
- A discussion of your activities and why you chose the activities. How did you prioritize your activities for the day? Why did you choose one activity over another?
- An analysis of the progress you are making. Try to use anecdotal evidence, such as client or agency personnel statements or specific situations.Hint: Your reaction should in some way reflect your own learning and development, as well as the impact you have on your clients or your agency.

Future Goals And Plans For The Next Clinical Experience

While the past week is fresh in your mind, outline your goals for your next clinical experience based on what you feel you learned during the day or on any problems or needs that have surfaced. Remember, these goals include progress with your clinical project and various clinical experiences, as well as more personal, educational goals for yourself. Also, take into account whether or not you reached the goals you set the previous week.

Synthesis Of This Week's Experience

After each set of entries, before you turn in your journal, you should write a synthesis of what you learned from this and past clinical experiences. The synthesis critically evaluates not only what you have *done*, but what you have *learned* and how the various components of the course inform and illuminate one another. A synthesis means *critical thinking*.

Here are some things to think about when you write the synthesis section:

- Do you see the need for a shift or change in your original perceptions about your population, your agency, your clinical capabilities or other?

- How do concepts in class tie together with your clinical experiences?
- What else do you need to know?
- What skills do you need to learn or practice?

Questions For Your Preceptor

List questions you have for your preceptor. These may relate to your project work but may also include questions or concerns you have about your experience and/or public health work in general. Remember your preceptor is your resource to the work world of public health and you need to maximize your experience. If you have other questions for your instructor or issues that you want to share, email your instructor about your thoughts.

Email your weekly journal to your preceptor and clinical instructor at the end of each week. You will receive a maximum of 5 points for each journal. You may want to download and save the worksheet below to use each week.

Student _____ **Dates for Clinical Experience _____**
Preceptor _____ **No. Clinical Hours Completed _____**

Weekly Journal

DESCRIPTION
REACTION
FUTURE GOALS
SYNTHESIS
QUESTIONS FOR YOUR PRECEPTOR

Sample Form

Preceptor Log **Name _____**

Type of Contact	Date (mm/dd/yy)	Time (length)	Content (questions, concerns)	Comments
___ TC ___ Email ___ Face-to-face ___ Meeting ___ Other_____				
___ TC ___ Email ___ Face-to-face ___ Meeting ___ Other_____				
___ TC ___ Email ___ Face-to-face ___ Meeting ___ Other_____				
___ TC ___ Email ___ Face-to-face ___ Meeting ___ Other_____				

Sample Tool
Evaluation of PHN Student

Student Name: _____

Preceptor Name: _____

Preceptor Title: _____

Agency: _____

Using the scale below, please rate the student's level of performance during the clinical experience on the criteria listed:

1 = Failed to meet expected performance level
2 = Met expected performance level
3 = Exceeded expected performance level

Clinical competence – setting priorities, organizing and managing time -- and subject knowledge

_____ Applies nursing process to individuals, families/communities, systems

_____ Knowledgeable about fundamental PHN skills (i.e., antepartum/postpartum care, growth & development, disease prevention & control, disaster & bio-terrorism response, violence, chemical health, mental health, environmental safety, etc.)

_____ Organizes workload and plan/prepare for clinical activities (familiar with agency and community resources, etc.)

_____ Participates in a variety of population-based activities at individual/family, community, and systems levels

Interpersonal relationships/communication

_____ Establishes trusting and respectful relationships with agency staff and community

_____ Collaborates with tribal/local health departments and community members to promote health

_____ Articulates/documents interventions effectively and according to agency standards

Outcomes of efforts

_____ Assesses community, analyzes data, and applies knowledge in planning interventions

_____ Evaluates interventions, noting areas that are successful and discussing areas for improvement

Comments:

Any areas of the above criteria on which the student was rated as (1):

Overall impression of the student's work in your agency:

Any areas where this student's academic preparation for the assigned work could be improved:

How the results from this PHN student clinical will be used by your organization:

Thank you for serving as a preceptor for this student and for completing this assessment of the student. Your ratings will be useful in preparing this student for future work and in improving the clinical assignments for other students.

Please return this completed form in the envelope provided or mail to:

_____

_____

_____

RESOURCE INFORMATION

Concepts Students Should Understand

The following concepts should be included in a course in public health nursing and reinforced by discussion and activities with the preceptor:

- Populations (vs. individual care) - esp. target population; vulnerable populations - what makes them vulnerable
- Core functions/10 essential services – how the local health department implements
- How epidemiology and surveillance systems are used in a local health agency.
- Program planning, outcomes, and evaluation
- Collaboration – experiencing this is action
- Policy development - as related to local health agency and the community served; and as it relates to the program they are working on with their preceptor
- Finances – as related to local health agency and the community served and projects they are working on with their preceptor
- Roles of the public health nurse and how nursing skills and knowledge are used

Structure of Missouri's Public Health System

The governmental public health system includes government agencies at the federal, state, and local levels. Public health issues affecting the entire nation are managed by agencies such as the Centers for Disease Control and Prevention (CDC). Issues affecting the state are the responsibility of the Missouri Department of Health and Senior Services (MDHSS), and local issues are managed by local public health agencies (LPHAs). Each of the agencies may address the same issue but at a different scope and scale.

The governmental segment of the public health system works with multiple partners including other governmental agencies, nurses, physicians, hospitals, laboratories, schools, childcare providers, social service agencies, and faith and civic organizations. Through collaboration among these partners, a public health system exists to serve the residents of the United States and its territories.

Many agencies in the federal government interact with state health departments, both directly and indirectly. Some provide funding for projects within states and ultimately in local public health agencies. For example, funding for the WIC program comes from the US Department of Agriculture. Some of the money for the emergency preparedness and bio-terrorism response is distributed by the Centers for Disease Control and Prevention (CDC). And some agencies, like the US Department of Health and Human Services, provide guidance for development and implementation of policies such as the HIPAA regulations (the Health Insurance Portability and Accountability Act of 1996).

All of the funding for health services that originates at the level of the federal government comes from laws made by Congress. The money is then distributed by various agencies to the states to operate specific programs. States may add funds to some programs.

The Missouri Department of Health and Senior Services is one of 13 executive departments in Missouri state government, and the Department director is a member of the governor's cabinet. The Department has many legal and professional responsibilities, including inspection and licensing of facilities, data collection and analysis, emergency response, communicable disease control, public education, and laboratory services.

Other state agencies share public health responsibilities with MDHSS and are an important part of the public health system. For example, the Missouri Department of Natural Resources regulates public water supplies, provides air and water pollution control, and oversees solid and toxic waste management. The Missouri Department of Public Safety is responsible for highway and water safety programs and emergency management. In addition, the departments of Social Services, Mental Health, Agriculture, and Elementary and Secondary Education share responsibilities for many health related programs and activities.

There are 114 LPHAs serving every county in the state. State statutes outline the responsibility and authority of LPHAs. Most LPHAs were formed under Chapter 205, Revised Statutes of Missouri (RSMo), which permits the counties to pass a property tax measure to support local public health. This tax is often called a "mill tax". These LPHAs have an elected Board of Trustees who set policy for their agencies. Agencies that do not have designated tax are

supported by city and/or county general revenue. Locally elected bodies such as county commissions or city councils, govern these agencies.

Local public health agencies are autonomous and operate independently of the state and federal public health agencies. However, they are connected to MDHSS through contracts. MDHSS receives funds from CDC and other federal agencies. Much of the federal money, and funding from the state general revenue, is distributed to LPHAs. The LPHAs actually deliver most public health services and are the heart of Missouri's public health system. MDHSS provides technical support, laboratory services, a communication network, and other vital services to aid local efforts.

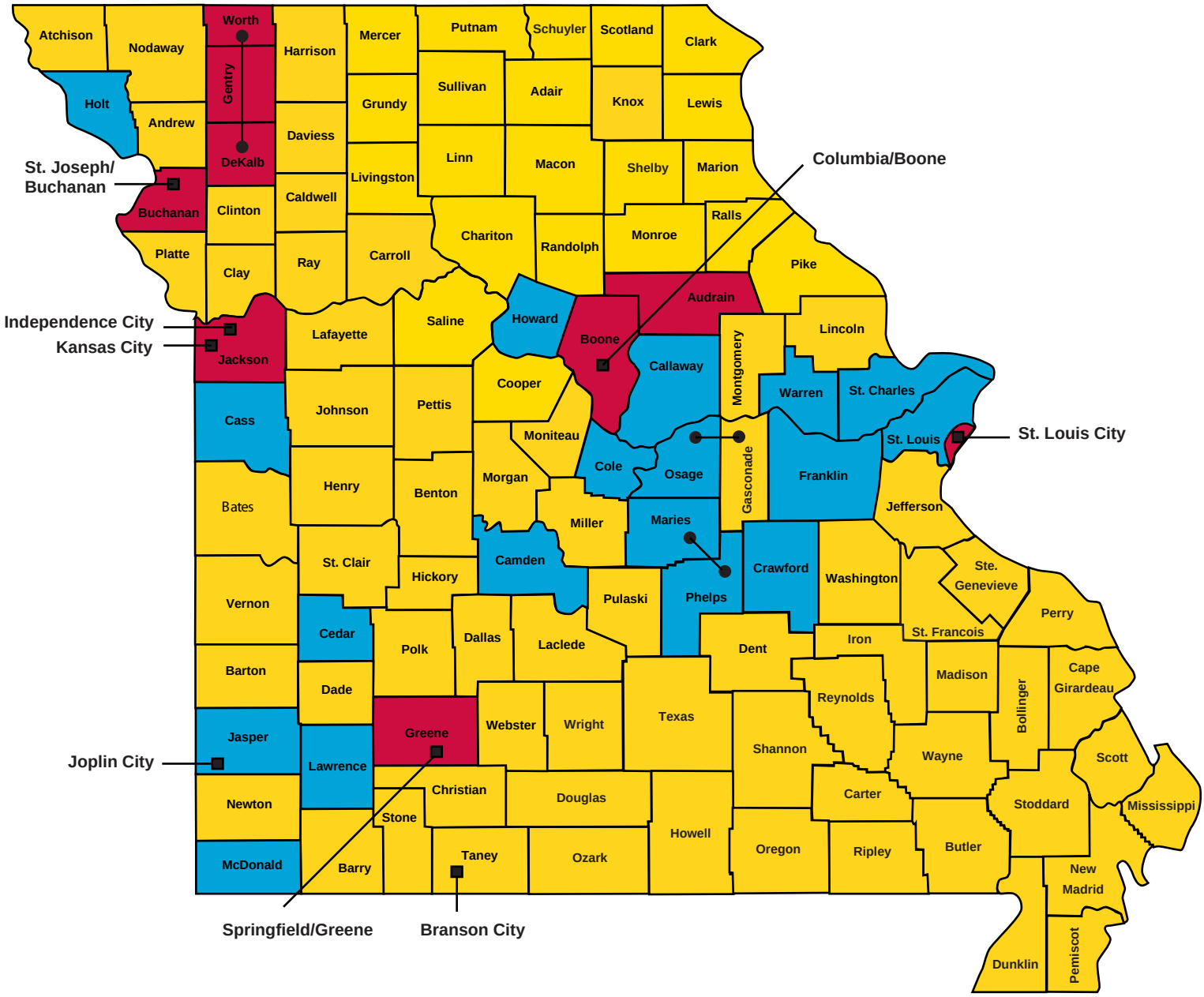
Local Public Health Agencies by Governance

■ City or City-County Health Departments ●—● Multi-County Health Departments

Health Departments-County Board of Trustees Administration

Health Units-County Commissions or Charter Counties

Other Forms of Governance



August 2006

Missouri Department of Health and Senior Services

VISION

Healthy Missourians for Life.

MISSION

To be the leader in promoting, protecting and partnering for health.

www.dhss.mo.gov

Director's Office

The oversight for the Missouri Department of Health and Senior Services comes from the director, who is responsible for the management of the department and the administration of its programs and services. The deputy department director assists the director in the management of the department and acts for the director in her absence. The divisions of Administration, Community and Public Health, Regulation and Licensure, and Senior and Disability Services; Center for Emergency Response and Terrorism; State Public Health Laboratory; the offices of Personnel, Planning and Development, Public Information, General Counsel, Governmental Policy and Legislation report to the director and deputy department director.

A State Board of Health and State Board of Senior Services advise the director regarding the priorities, policies and programs of the department and review rules promulgated by the department. The boards each consist of seven members appointed by the Governor, with the advice and consent of the Missouri Senate.

Contact: Julia M. Eckstein, Director *573/751-6001*

Division of Administration

The Division of Administration provides a variety of support services for the Director's Office and the programmatic divisions of the department. Services include budget administration; grant and contract administration; accounting and procurement functions; internal audit; maintenance of the inventory of physical assets warehouse, delivery and mailroom services; and building lease management.

Contact: Bret Fischer, Director *573/751-6014*

Center for Emergency Response and Terrorism

The Center for Emergency Response and Terrorism is responsible for coordinating regional and state preparedness for public health emergencies and natural disasters, including biological, chemical and nuclear terrorism. Through partnerships with hospitals and other healthcare organizations, local entities including government and first responder agencies, and other partners, the center works to assure systems are in place to protect the health of Missourians during a public health emergency.

Contact: Bruce Clements, Director *573/526-4768*

State Public Health Laboratory

The State Public Health Laboratory provides testing services in the fields of newborn screening, chemistry, environmental bacteriology, microbiology, serology and virology. Each year, more than 370,000 specimens are submitted to the lab for testing and examination. The laboratory is also responsible for approving methods and instruments and issuing permits to qualified individuals to perform tests used to enforce Missouri's law prohibiting driving while under the influence of alcohol and drugs.

Contact: Eric Blank, Director *573/751-3334*

Division of Regulation and Licensure

The Division of Regulation and Licensure has responsibility for a spectrum of services for Missouri citizens from child care to elder issues to environmental regulations, as well as the Family Care Safety Registry, the State Long-Term Care Ombudsman, the Board of Nursing Home Administrators, and the Certificate of Need program.

The Section for Health Standards and Licensure is responsible for assuring that the care and services provided by hospitals, ambulatory surgical centers, home health agencies, hospices, child-care providers, ambulances, paramedics, persons who prescribe or dispense controlled substances, and 23 types of Medicare/Medicaid-certified health programs meet state and/or Medicare/Medicaid standards. Periodic licensure inspections and investigation of concerns or complaints in any of these areas is part of the division's authority.

The Section for Long-Term Care is responsible for conducting state inspections and federal surveys, and for investigating complaints regarding long-term care facilities including residential care facilities I and II, intermediate care facilities and skilled nursing facilities. The section also monitors the compliance of federal requirements for the annual inspection of care and utilization review for Medicaid residents over 65 and under 21 years of age in psychiatric hospitals.

The Division also contains units that regulate or license entities that involve environmental health issues such as lodging facilities, onsite sewage disposal systems, lead remediators, industrial sources of radiation, milk rating, and frozen desserts.

Contact: David Durbin, Director *573/751-8535*

Division of Senior and Disability Services

The Division of Senior and Disability Services serves as the State Unit on Aging, carries out the mandates of the State of Missouri regarding investigation and intervention in cases of adult abuse, neglect and financial exploitation, and provides oversight to programs and services for seniors and adults with disabilities. The Division implements programs designed to maximize independence and safety for adults who choose to remain independent in the community by administering state and federal community-based programs. In coordination with the department director, the division advises legislators, advocates, state agencies and other organizations and individuals regarding services and data available to support this function. The Division has four Bureaus responsible for program oversight, policy and budget recommendations, research and program initiatives, and implementation of state and federal programs, and a Central Registry Unit for receiving reports of adult abuse, neglect and exploitation, distribution for investigation, and tracking status.

Contact: Brenda Campbell, Director *573/526-3626*

Division of Community and Public Health

The Division of Community and Public Health administers programs addressing chronic disease prevention and nutrition services; healthy families and youth, community protection and provides public health practice and administrative support. In addition, the Center for Local Public Health Services; Office of Minority Health; Office of Women's Health; Office of Primary Care and Rural Health; Office of Community and Public Health Emergency Coordination; and the Office of Epidemiology collaborate with programs and communities to set policy and integrate goals for the division.

The Section for Chronic Disease Prevention and Nutrition Services directs statewide programs that are designed to prevent and control chronic diseases for all Missourians and support the nutritional health of high-risk populations. The section provides leadership to assessment, planning and policy development and implementation of evidence-based approaches to prevent and control cancer and chronic diseases, the leading causes of death in Missouri. In addition, the section administers statewide programs that provide food assistance and nutrition services, early screening and detection, and health promotion interventions to reduce risk factors for chronic

diseases (e.g., tobacco use, physical inactivity, and poor diets.) These programs are managed through the Bureau of Cancer and Chronic Disease Control; Bureau of Health Promotion; Bureau of Community Food and Nutrition Assistance Programs; and Women, Infants, and Children (WIC) and Nutrition Services.

The Section for Healthy Families and Youth promotes optimal health by providing leadership to both the public and private sectors in assessing health care needs of families and communities and assuring that the health system responds appropriately. This section is also responsible for developing policy; planning systems of care; and designing, implementing and evaluating programs to meet the health care needs of families in the state of Missouri. The primary units are the Bureau of Genetics and Healthy Childhood and the Bureau of Special Health Care Needs.

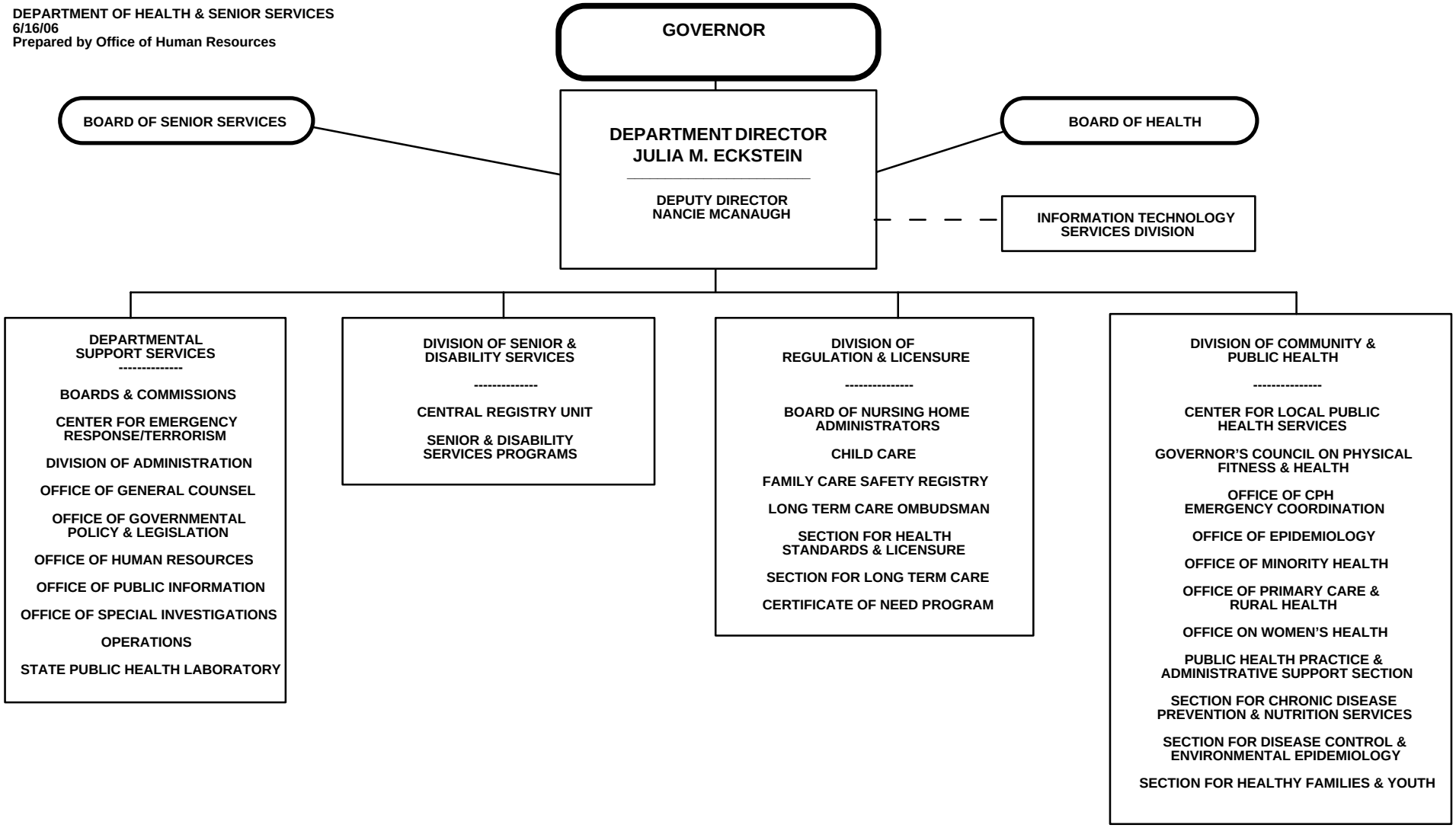
The Section for Disease Control and Environmental Epidemiology is the principal section involved in the investigation of the cause, origin, and method of transmission of communicable (or infectious) diseases and environmentally-related medical conditions. The interrelated services focus on surveillance of diseases and the environment, upon which appropriate prevention and control interventions are based, including responses to disease outbreak situations. Included are specific responsibilities related to immunizations, tuberculosis, sexually transmitted diseases, HIV/AIDS, other communicable diseases, food and water-borne illnesses, zoonoses (diseases that humans contract from animals), emerging infections such as SARS, Monkeypox, and West Nile Virus, food safety and protection, environmentally related health hazards (such as elevated blood lead levels) and hazardous substance control. The primary units are the Bureau of HIV, STD and Hepatitis; Bureau of Immunization Assessment and Assurance; Bureau of Communicable Disease Control and Prevention; and the Bureau of Environmental Epidemiology.

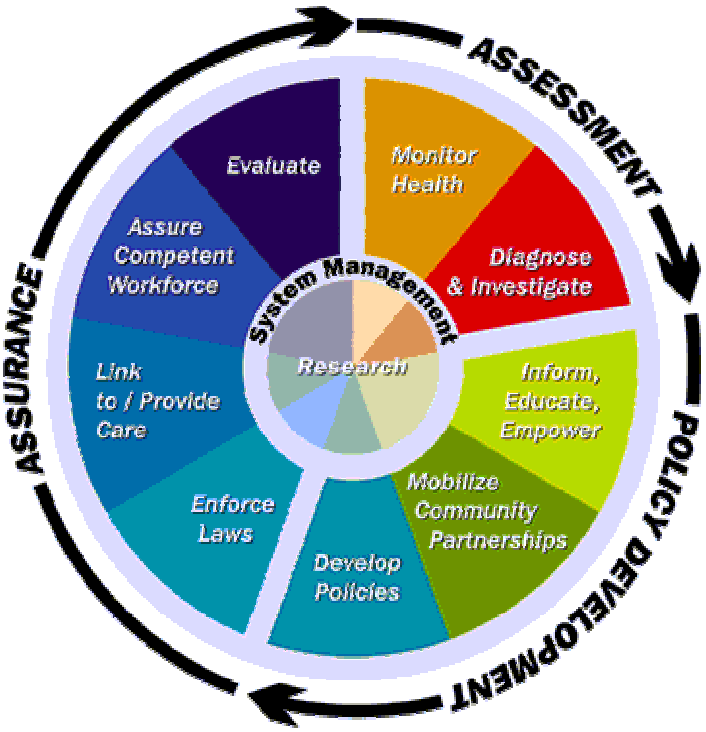
In addition, the section is integral to the Department of Health and Senior Services' emergency responses to public health emergencies and natural disasters. The coordination of the division's activities preparing for and responding to emergencies, natural disasters, or terrorist incidents is achieved through the Office of Community and Public Health Emergency Coordination. The division has a wide array of responsibilities and expertise to protect public health related to biological, chemical, or radiological incidents, including the areas of food security, emerging diseases— such as avian influenza— and nuclear power plants. The office serves to coordinate these functions internally, and also department wide by working as a liaison with the Center for Emergency Response and Terrorism.

The Public Health Practice and Administrative Support Section promotes a better understanding of health problems and needs in Missouri and assists the division in many functions including initiation and maintenance of surveillance systems, data management and reporting; collection of birth and death information; coordination of specific grants; public information dissemination; and fiscal services. The section also issues certified copies of Missouri birth and death records. These support services are available through the Office of Community Health Information; Bureau of Health Informatics; Grants Development, Management and Evaluation Unit; Bureau of Vital Records; and Bureau of Fiscal Services.

Contact: Glenda Miller, Director *573/751-6080*

DEPARTMENT OF HEALTH & SENIOR SERVICES
6/16/06
Prepared by Office of Human Resources





Public Health Core Functions and Ten Essential Services

Essential Service #1: Monitor Health Status to Identify Community Health Problems
This service includes:

- ✓Accurate, periodic assessment of the community's health status, including:
  - -Identification of health risks and determination of health service needs.
  - -Attention to the vital statistics and health status of groups that are at higher risk than the total population.
  - -Identification of community assets and resources which support the local public health system (LPHS) in promoting health and improving quality of life.
- ✓Utilization of appropriate methods and technology, such as geographic information systems, to interpret and communicate data to diverse audiences
- ✓Collaboration among all LPHS components, including private providers and health benefit plans, to establish and use population health information systems, such as disease or immunization registries.

Essential Service #2: Diagnose and Investigate Health Problems and Health Hazards in the Community

This service includes:

- ✓Epidemiologic investigations of disease outbreaks and patterns of infectious and chronic diseases and injuries, environmental hazards, and other health threats.
- ✓Active infectious disease epidemiology programs.
- ✓Access to a public health laboratory capable of conducting rapid screening and high volume testing.

Essential Service #3: Inform, Educate, and Empower People about Health Issues

This service includes:

✓Health information, health education, and health promotion activities designed to reduce health risk and promote better health;

✓Health communication plans and activities such as media advocacy and social marketing;

✓Accessible health information and educational resources;

✓Health education and promotion program partnerships with schools, faith communities, work sites, personal care providers, and others to implement and reinforce health promotion programs and messages.

Essential Service #4: Mobilize Community Partnerships to Identify and Solve Health Problems

This service includes:

✓Building coalitions to draw upon the full range of potential human and material resources to improve community health.

✓Convening and facilitating partnerships among groups and associations (including those not typically considered to be health-related) in undertaking defined health improvement projects, including preventive, screening, rehabilitation, and support programs.

Essential Service #5: Develop Policies and Plans that Support Individual and Community Health Efforts

This service includes:

✓Effective local public health governance;

✓Systematic community-level and state-level planning for health improvement in all jurisdictions;

✓Alignment of LPHS resources and strategies with the community health improvement plan;

✓Development of policy to protect the health of the public and to guide the practice of public health.

Essential Service #6: Enforce Laws and Regulations that Protect Health and Ensure Safety

This service includes:

✓Enforcement of sanitary codes, especially in the food industry.

✓Protection of drinking water supplies.

✓Enforcement of clean air standards.

✓Animal control and other ordinances.

✓Follow-up of hazards, preventable injuries, and exposure-related diseases identified in occupational and community settings.

✓Enforcement of regulations and rules governing institutional care and health service delivery (e.g., laboratories, nursing homes, and home health care providers)**.**

✓Review of new drug, biologic, and medical device applications.

Essential Service # 7: Link People to Needed Personal Health Services and Assure the Provision of Health Care when Otherwise Unavailable

This service includes:

✓Assuring effective entry for persons with unmet healthcare needs into a coordinated system of clinical care;

✓Culturally and linguistically appropriate materials and staff to assure linkage to services for special population groups;

✓Ongoing “care management”
✓Transportation services;
✓Targeted health education/promotion/disease prevention to high risk population groups.

Essential Service #8: Assure a Competent Public and Personal Health Care Workforce
This service includes:
✓Education, training, and assessment of personnel (including volunteers and other lay community health workers) to meet community needs for public and personal health services;
✓Efficient processes for licensure/credentialing of professionals;
✓Adoption of continuous quality improvement and life-long learning programs;
✓Active partnerships with professional training programs to assure community-relevant learning experiences for all students;
✓Continuing education in management and leadership development programs for those charged with administrative/executive roles.

Essential Service # 9: Evaluate Effectiveness, Accessibility, and Quality of Personal and
This service includes:
✓Assessing accessibility and quality of services delivered and the effectiveness of personal and population-based programs provided;
✓Providing information necessary for allocating resources and reshaping programs.

Essential Service #10: Research for New Insights and Innovative Solutions to Health Problems
This service includes:
✓Full-continuum of innovative solutions to health problems ranging from practical field-based efforts to fostering change in public health practice, to more academic efforts to encourage new directions in scientific research.
✓Continuous linkage with institutions of higher learning and research.
Internal capacity to mount timely epidemiologic and health policy analyses and conduct health services research.

Graphic from the Public Health Functions Project.
The list of 10 Essential Services is from the CDC/Public Health Prevention and Promotion Office's performance assessment for local health departments.

Examples of Public Health Nursing Activities for Essential Services

Essential Public Health Service	Public Health Nursing Activities
Monitor health status to identify community health problems	• Participate in community assessment • Review birth records to identify individuals or groups that may be at high risk • Identify potential environmental hazards
Diagnose and investigate health problems and health hazards in the community	• Understand and identify determinants of health & disease • Review and monitor communicable disease reports • Participate in case identification and treatment of communicable diseases • Use knowledge of environmental health hazards when observing the community
Inform, educate, and empower	• Develop and implement educational plans for individuals and families • Provide information to policy makers about needs of special populations • Advocate for and with underserved and disadvantaged populations • Provide education about health and public health issues to the community
Mobilize partnerships to identify and solve health problems	• Form relationships and interact with providers in the community • Convene and participate in community groups to address needs of specials populations • Teach community members about health issues
Develop policies and plans that support individual and community health efforts	• Participate in community and family decision making • Provide information and advocate for the interests of special populations when developing policies • Develop programs and services to meet needs of high-risk populations • Participate in emergency response planning and training
Enforce laws and regulations	• Implement ordinances that protect the environment • Work with public health team to enforce food safety regulations • Regulate and support care and treatment of dependent populations such as children and elderly • Provide education to regulated facilities and providers such as child care facilities
Link people to needed personal health services and assure the provision of health care when otherwise unavailable	• Provide clinical preventive services to high-risk populations • Link clients and families to clinical care and other services in the community • Establish programs and services to meet special needs not available elsewhere in the community

	• Provide clinical surveillance and identification of communicable disease • Participate in provider coalitions and meetings to educate about community needs
Assure a competent workforce	• Participate in continuing education • Maintain patient record systems and community documents • Establish and maintain procedures and protocols for care • Develop or participate in quality assurance activities such as record audits and clinical guidelines
Evaluate Health Services	• Collect data and information on community interventions • Identify unserved and underserved populations in the community • Review and analyze data on the health status of the community • Conduct surveys or observe high-risk populations to evaluate needs
Research for new insights and innovative solutions to health problems	• Implement nontraditional interventions and programs • Participate in collection of information and research activities • Develop relationships with academic institutions and faculty • Use evidence-based information to make decisions

ASTDN (Association of State and Territorial Directors of Nursing). 2000. *Public Health Nursing: A Partner for Healthy Populations. Washington, D.*:American Nurses Publishing.

Definition of Public Health Nursing

Public health nursing is the practice of promoting and protecting the health of populations, using knowledge from nursing, social, and public health sciences.

Public health nursing is a systematic process by which:

1. The health and health care needs of a population are assessed in order to identify subpopulations, families, and individuals who would benefit from health promotion, or who are at risk of illness, injury, disability or premature death.
2. A plan for intervention is developed with the community to meet identified needs that take into account available resources, the range of activities that contribute to health, and the prevention of illness injury, disability, and premature death.
3. The plan is implemented effectively, efficiently and equitably.
4. Evaluations are conducted to determine the extent to which the intervention has an impact on the health status of individuals and the population.
5. The results of the process are used to influence and direct the current delivery of care, deployment of health resources, and the development of local, regional, state, and national health policy, and research to promote health and prevent disease.

This systematic process is based on and is consistent with:

- Community strengths, needs and expectations;
- Current scientific knowledge;
- Available resources;
- Accepted criteria and standards of nursing practice;
- Agency purpose, philosophy and objectives; and
- The participation, cooperation, and understanding of the population.

Other services and organizations in the community are considered, and planning is coordinated to maximize the effective use of resources and enhance outcomes.

The title “public health nurse” designates a nursing professional with educational preparation in public health and nursing science with a primary focus on population-level outcomes. The primary focus of public health nursing is to promote health and prevent disease for entire population groups. This may include assisting and providing care to individual members of the population. It also includes the identification of individuals who may not request care but who have health problems that put themselves and others in the community at risk, such as those with infectious diseases. The focus of public health nursing is not on providing direct care to individuals in community settings. Public health nurses support the provision of direct care through a process of evaluation and assessment of the needs of individuals in the context of their population group. Public health nurses work with other providers of care to plan, develop, and support systems and programs in the community to prevent problems and provide access to care.

American Public Health Association. (1996). *The Definition And Role Of Public Health Nursing: A Statement Of The APHA Public Health Nursing Section, March 1996 Update.* Washington, DC: American Public Health Association.

Cornerstones of Public Health Nursing

Public Health Nursing Practice:

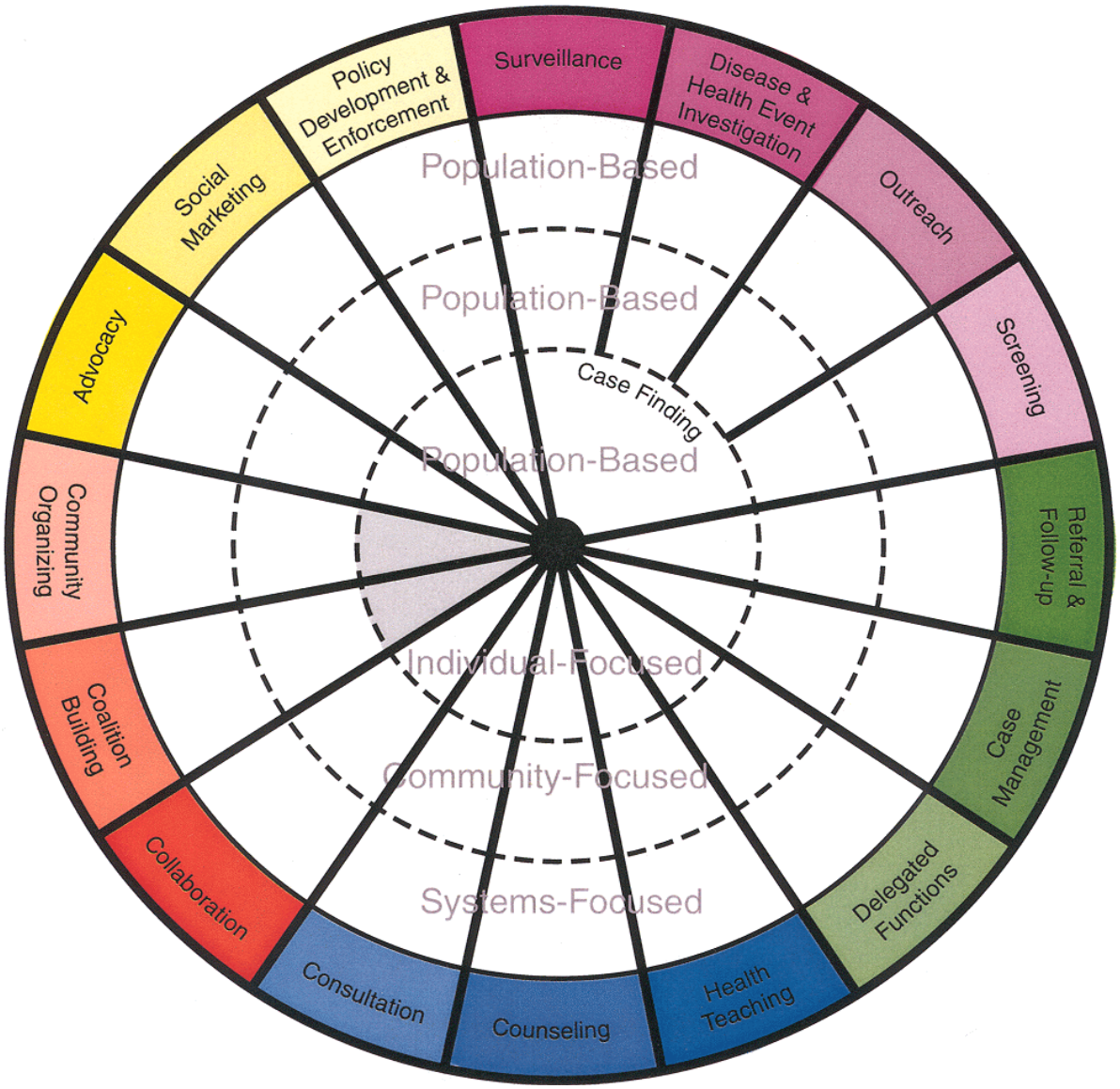
- Focuses on the health of entire populations;
- Reflects community priorities and needs;
- Establishes caring relationships with the communities, families, individuals and systems that comprise the populations the public health nurses serve;
- Is grounded in social justice, compassion, sensitivity to diversity, and respect for the worth of all people, especially the vulnerable;
- Encompasses the mental, physical, emotional, social, spiritual, and environmental aspects of health;
- Promotes health through strategies driven by epidemiological evidence;
- Collaborates with community resources to achieve those strategies, but can and will work alone if necessary;
- The authority for the independent practice of public health nursing emanates from the Nurse Practice Act.

Cornerstones from Public Health	**Cornerstones from Nursing**
Population based	Relationship based
Grounded in social justice	Grounded in an ethic of caring
Focus on greater good	Sensitivity to diversity
Focus on health promotion and prevention	Holistic focus
Does what others cannot or will not	Respect for the worth of all
Driven by the science of epidemiology	Independent practice
Organizes community resources	
Long-term commitment to the community	

Center for Public Health Nursing, Minnesota Department of Health. (2002) *Preceptor Handbook*. St. Paul, MN: Minnesota Department of Health.

Public Health Interventions

Applications for Public Health Nursing Practice



March, 2001
Minnesota Department of Health
Division of Community Health Services
Public Health Nursing Section

Population-Based Practice

A population is a collection of individuals who have one or more personal or environmental characteristics in common.[1]

A **population-of-interest** is a population that is essentially healthy but who could improve factors which promote or protect health.
A **population-at-risk** is a population with a common identified risk factor or risk exposure that poses a threat to health.

Public health practice is population-based if it meets all of the following criteria:

1. **Guided by an assessment of population health status**
   This criteria cannot be emphasized enough. All public health programs are based on the needs of the community, which are determined through an assessment of the community's health status. As communities change, so do community needs. As community needs change, so should public health programs. This is one of the reasons that community assessment is so important. Public health departments need to assess the health status of populations on an ongoing basis, so that public health programs respond appropriately to new and emerging problems, concerns, and opportunities.

2. **Focuses on entire populations possessing similar health concerns or characteristics**
   This means focusing on everyone who is actually or potentially affected by a health concern or who share similar characteristics. Population-based interventions are not limited to only those who seek service or who are poor or otherwise vulnerable. Population-based planning always begins by identifying everyone who is in the population-of-interest or the population-at-risk. For example, it is a core public health function to assure that *all* children are immunized against vaccine-preventable disease. Even though limited resources may compel public health departments to target programs toward those children known to be at particular risk for being under or unimmunized, the public health system remains accountable for the immunization status of the total population of children.

3. **Considers the broad determinants of health**
   A population-based approach examines all factors that promote or prevent health. It focuses on the entire range of factors, which determine health rather than just personal health risks or disease. Examples of health determinants include income and social status, housing, nutrition, employment and working conditions, social support networks, education, neighborhood safety and violence issues, physical environment, personal health practices and coping skills, cultural customs and values, and community capacity to support family and economic growth.

4. **Considers all levels of prevention, with a preference for primary prevention**
   "Prevention is anticipatory action taken to prevent the occurrence of an event or to minimize its effect after it has occurred."[2] Not every event is preventable, but every event does have a

[1] Williams, C. A., & Highriter, M. E. (1978*). Community health nursing: population focus and evaluation*. Public Health Reviews, 7(3-4), 197-221.

preventable component. Thus, a population-based approach presumes that prevention may occur at any point - before a problem occurs, when a problem has begun but before signs and symptoms appear, or even after a problem has occurred. **Primary prevention** promotes health, such as building assets in youth, or keeps problems from occurring, for example, immunizing for vaccine-preventable diseases. **Secondary prevention** detects and treats problems early, such as screening for home safety, and correcting hazards before an injury occurs. **Tertiary prevention** keeps existing problems from getting worse; for instance, collaborating with health care providers to assure periodic examinations to prevent complications of diabetes such as blindness, renal disease failure, and limb amputation. **Whenever possible, public health programs emphasize primary prevention.**

5. **Considers all levels of practice**

   A population-based approach considers intervening at all possible levels of practice. Interventions may be directed at the entire population within a community, the systems that affect the health of those populations, and/or the individuals and families within those populations known to be at risk.

   - **Community-focused practice** changes community norms, attitudes, awareness, practices, and behaviors of the population-of-interest.
   - **Systems-focused practice** changes organizations, policies, laws, and power structures of the systems that affect health.
   - **Individual/family-focused practice** changes knowledge, attitudes, beliefs, values, practices, and behaviors of individuals, alone or as part of a family, class, or group.

Interventions at each of these levels of practice contribute to the overall goal of improving population health status. No one level of practice is more important than another; in fact, most public health problems are addressed at all three levels, often simultaneously. Public health professionals determine the most appropriate level(s) of practice, based on community need and the availability of effective strategies and resources.

Interventions at each of these levels of practice contribute to the overall goal of improving population health status. Public health professionals determine the most appropriate level(s) of practice, based on community need and the availability of effective strategies and resources.

Consider, for example, smoking rates that continue to rise among the adolescent population. At the community level of practice, public health professionals coordinate "youth led, adult supported" social marketing campaigns intending to change the community norms regarding adolescents' tobacco use. At the systems level of practice, public health professionals facilitate community coalitions that advocate city councils to create stronger ordinances restricting over-the-counter youth access to tobacco. At the individual/family practice level, public health professionals teach middle school chemical health classes that increase knowledge about the risks of smoking, change attitudes toward tobacco use, and improve "refusal skills" among youth 12-14 years of age.

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[2] Turnock, B. (1997). *Public Health: What it is and how it works*. Gaithersburg, MD: Aspen Publishers, Inc.

Definitions of Public Health Interventions

Interventions are actions taken on behalf of communities, systems, individuals, and families to improve or protect health status. [3]

Surveillance describes and monitors health events through ongoing and systematic collection, analysis, and interpretation of health data for the purpose of planning, implementing, and evaluating public health interventions.

Disease and other health event investigation systematically gathers and analyzes data regarding threats to the health of populations, ascertains the source of the threat, identifies cases and others at risk, and determines control measures.

Outreach locates populations-of-interest or populations-at-risk and provides information about the nature of the concern, what can be done about it, and how services can be obtained.

Case finding locates individuals and families with identified risk factors and connects them with resources.

Screening identifies individuals with unrecognized health risk factors or asymptomatic disease conditions in populations.

Referral and follow-up assists individuals, families, groups, organizations, and/or communities to identify and access necessary resources in order to prevent or resolve problems or concerns.

Case management optimizes self-care capabilities of individuals and families and the capacity of systems and communities to coordinate and provide services.

Delegated functions are direct care tasks a registered professional nurse carries out under the authority of a health care practitioner as allowed by law. Delegated functions also include any direct care tasks a registered professional nurse entrusts to other appropriate personnel to perform.

Health teaching communicates facts, ideas and skills that change knowledge, attitudes, values, beliefs, behaviors, and practices of individuals, families, systems, and/or communities.

Counseling establishes an interpersonal relationship with a community, a system, family or individual intended to increase or enhance their capacity for self-care and coping. Counseling engages the community, a system, family or individual at an emotional level.

Consultation seeks information and generates optional solutions to perceived problems or issues through interactive problem solving with a community, system, family or individual. The community, system, family or individual selects and acts on the option best meeting the circumstances.

[3] Adapted from Nursing's Social Policy Statement, (1995). American Nurses Publishing.

Collaboration commits two or more persons or organizations to achieve a common goal through enhancing the capacity of one or more of the members to promote and protect health. [adapted from Henneman, Lee, & Cohen. (1995). Collaboration: A concept analysis. *J. Advanced Nursing, 21,* 103-109.]

Coalition building promotes and develops alliances among organizations or constituencies for a common purpose. It builds linkages, solves problems, and/or enhances local leadership to address health concerns.

Community organizing helps community groups identify common problems or goals, mobilize resources, and develop and implement strategies for reaching the goals they have collectively set. [adapted from Minkler, M. (ed.). (1997). *Community Organizing and Community Building for Health*, p. 30. New Brunswick, NJ: Rutgers Univ. Press.]

Advocacy pleads someone's cause or act on someone's behalf, with a focus on developing the community, system, individual or family's capacity to plead their own cause or act on their own behalf.

Social marketing utilizes commercial marketing principles and technologies for programs designed to influence the knowledge, attitudes, values, beliefs, behaviors, and practices of the population-of-interest.

Policy development places health issues on decision-makers' agendas, acquires a plan of resolution, and determines needed resources. Policy development results in laws, rules and regulations, ordinances, and policies. **Policy enforcement** compels others to comply with the laws, rules, regulations, ordinances and policies created in conjunction with policy development.

Levels of Practice

The ultimate goal of all levels of population-based practice is to improve population health. Public health interventions may be directed at entire populations within a community, the systems that affect the health of those populations, and/or individuals and families within those populations. Interventions at each of these levels of practice contribute to the overall goal of improving population health.

> **Population-based community-focused practice** changes community norms, community attitudes, community awareness, community practices, and community behaviors. They are directed toward entire populations within the community or occasionally toward target groups within those populations. Community-focused practice is measured in terms of what proportion of the population actually changes.
>
> **Population-based systems-focused practice** changes organizations, policies, laws, and power structures. The focus is not directly on individuals and communities but on the systems that impact health. Changing systems is often a more effective and long-lasting way to impact population health than requiring change from every single individual in a community.
>
> **Population-based individual-focused practice** changes knowledge, attitudes, beliefs, practices, and behaviors of individuals. This practice level is directed at individuals, alone or as part of a family, class, or group. Individuals receive services because they are identified as belonging to a population-at-risk.

Public health professionals determine the most appropriate level(s) of practice, based on community need and the availability of effective strategies and resources. No one level of practice is more important than another; in fact, most public health problems are addressed at all three levels, often simultaneously.

Levels of Prevention

"Prevention is anticipatory action taken to prevent the occurrence of an event or to minimize its effect after it has occurred."[4] Not every event is preventable, but every event does have a preventable component.

Prevention occurs at primary, secondary, and tertiary levels:

Primary prevention both promotes health and protects against threats to health. It keeps problems from occurring in the first place. It promotes resiliency and protective factors, or reduces susceptibility and exposure to risk factors. Primary prevention is implemented before a problem develops. It targets essentially well populations.

Secondary prevention detects and treats problems in their early stages. It keeps problems from causing serious or long-term effects or from affecting others. It identifies risks or hazards and modifies, removes, or treats them before a problem becomes more serious. Secondary prevention is implemented after a problem has begun, but before signs and symptoms appear. It targets populations that have risk factors in common.

Tertiary prevention limits further negative effects from a problem. It keeps existing problems from getting worse. It alleviates the effects of disease and injury and restores individuals to their optimal level of functioning. Tertiary prevention is implemented after a disease or injury has occurred. It targets populations who have experienced disease or injury.

[4] Turnock, B. (1997). *Public Health: What it is and how it works*. Gaithersburg, MD: Aspen Publishers, Inc.

Quad Council PHN Competencies

Finalized 4/3/03

The Quad Council of Public Health Nursing Organizations is an alliance of the four national nursing organizations that address public health nursing issues: the Association of Community Health Nurse Educators (ACHNE), the American Nurses Association's Congress on Nursing Practice and Economics (ANA), the American Public Health Association-Public Health Nursing Section (APHA), and the Association of State and Territorial Directors of Nursing (ASTDN). In 2000, prompted in part by work on educating the public health workforce being done under the leadership of the Centers for Disease Control (CDC), the Quad Council began work on drafting a set of national public health nursing competencies.

The approach utilized by the Quad Council was to start with the Council on Linkages between Academia and Public Health Practice (COL) "Core Competencies for Public Health Professionals" and to determine their application to two levels of public health nursing practice: the staff nurse/generalist role and the manager/specialist/consultant role. It was the Quad Council's intent to examine these COL competencies for their fit with public health nursing and to continue to identify and refine unique competencies for public health nursing. By selecting the COL competencies as the framework, the Quad Council felt that the competencies could provide a guide for agencies that employ public health nurses and academic settings to facilitate education, orientation, training and lifelong learning using an interdisciplinary model where appropriate.

The COL list of core competencies "represents ten years of work on this subject" by the fifteen member organizations whose missions include improving public health education and practice. Over 1,000 public health professionals reviewed the list during a public comment period. "The Council utilized several mechanisms to receive feedback from reviewers, including e-mail, focus groups, sessions at various conferences and the competencies web site. The comments from public health professionals in a broad array of disciplines and practice settings led to this consensus set of core competencies for guiding public health workforce development efforts…The core competencies represent a set of skills, knowledge, and attitudes necessary for the broad practice of public health. They transcend the boundaries of the specific disciplines within public health and help to unify the profession" *(www.trainingfinder.org/competencies)*. The actual competency statements are the "property" of the COL and could not be modified by public health nursing or the Quad Council during the process of looking at applicability to public health nursing practice. The Quad Council's focus was on how public health nurses apply those competencies and the expected level of performance for each competency statement.

Nursing specific application of the competencies is necessary for specialized roles within public health nursing and the COL's competencies have been used as the framework to develop them. However, because the COL's list captures only the crosscutting competencies for all public health professionals, it does not contain competencies that are specific to public health *nursing*. **Note again**: since the COL's competencies are for all public health professionals, even this public health nursing specific draft does not include nursing competencies that are broader than public health (i.e., apply to many or all nurses.)

The "Quad Council PHN Competencies" document is designed for use with others documents. It complements the "Definition of Public Health Nursing" adopted by the APHA's Public Health Nursing Section in 1996 and the Scope and Standards of Public Health Nursing (Quad Council, 1999). Differentiating PHN competencies at the generalist and specialist levels will help to clarify the PHN specialty for both the discipline of nursing and the profession of public health. In addition, the ability to identify PHN competencies should facilitate collaboration among public health nurses and other public health professionals in education, practice and research in order to improve the public's health.

In developing the competencies the Quad Council members concurred that the generalist level would reflect preparation at the baccalaureate level. While recognizing that in many states much of the public health nursing workforce is not baccalaureate-prepared, the Quad Council believes that those nurses may require job descriptions that reflect a different level of practice and/or may require extensive orientation and education to achieve the competencies identified herein. Further, the specialist level competencies described in this document reflect preparation at the master's level in community/public health nursing and/or public health. Again, while recognizing that there may be other public health nurses who are promoted or appointed to managerial or consultant positions that require specialist competencies, master's level education prepares public health nurses for the specialist level competencies identified in this document. At both levels, it is expected that a major focus of on the job training and continuing education for nurses hired for these positions who have less than a baccalaureate or master's degree (as appropriate to the level) will be on assuring that these competencies are attained.

The Quad Council determined that, although the Council on Linkages competencies were developed with the understanding that public health practice is population-focused and public health nursing is also population-focused, one of the unique contributions of public health nurses is the ability to apply these principles at the individual and family level *within the context of population-focused practice.* Therefore, many of the competency statements indicate a level of awareness, knowledge or proficiency at the individual/family level. Because of their population or system-focused language however, it was decided that several specific competency statements and three entire domains would not include application at the individual/family level: "Domain 5 - community dimensions of practice," "Domain 7 – financial planning and management skills," and "Domain 8 – leadership and systems thinking skills." Finally, it was recognized that "groups" are entities that can be addressed at the individual/family level and at the population/system level. Therefore, when PHNs use the group format primarily to convey information targeted to individual or family approaches to health issues (e.g., a group format is used to teach newly diagnosed diabetics about the importance of diet and exercise, but the information targets individuals), this represents an application at the individual/family level.

Finally, the Quad Council based this document on the following additional assumptions:

- public health nurses must first possess the competencies common to all baccalaureate-prepared nurses (not addressed in this competency list) and then demonstrate these additional competencies specific to their roles in public health;
- the progression from awareness to knowledge to proficiency is a continuum, there are no discrete boundaries between those levels of competence (note that definitions of each of these three levels appear at the bottom of each page of the competencies list);

- both levels reflect competencies for a reasonably prudent PHN who has experience in the role (i.e., not a "novice" and not in a specialized or limited focus role);
- these competencies are intended to reflect the standard for public health nursing practice, not necessarily what is occurring in practice today; and
- in any practice setting the job descriptions may reflect components from each level, depending on the agency's structure, size, leadership and services.

In preparing this document, the Quad Council sought feedback on a draft of these competencies from nurses across the country who are members of one or more of its member organizations; more than 220 nurses, most of whom are directly involved in public health practice, provided specific comments on the draft. The Quad Council is grateful to all those public health nurses who took the time to review the draft and provide thoughtful comments. Their feedback was carefully considered in developing this final document.

Source of Competencies for Public Health Professionals A Project of the Council on Linkages Between Academia & Public Health Practice Funded by the Health Resources & Services Administration

Domain #1: Analytic Assessment Skills		**Generalist/Staff PHN**		**Manager/CNS/Consultant/ Program Specialist/Executive**	
		Individuals & Families	**Populations/ Systems**	**Individuals & Families**	**Populations/ Systems**
1.	Defines a problem	Proficiency	Knowledge	Proficiency	Proficiency
2.	Determines appropriate uses and limitations of both quantitative and qualitative data	Knowledge	Awareness	Proficiency	Proficiency
3.	Selects and defines variables relevant to defined public health problems	Knowledge	Knowledge	Proficiency	Proficiency
4.	Identifies relevant and appropriate data and information sources	Proficiency	Knowledge	Proficiency	Proficiency
5.	Evaluates the integrity and comparability of data and identifies gaps in data sources	Knowledge	Awareness	Proficiency	Proficiency
6.	Applies ethical principles to the collection, maintenance, use, and dissemination of data and information	Proficiency	Knowledge	Proficiency	Proficiency
7.	Partners with communities to attach meaning to collected quantitative and qualitative data	N/A (see Note 1)	Knowledge	N/A (see Note 1)	Proficiency
8.	Makes relevant inferences from quantitative and qualitative data	Knowledge	Awareness	Proficiency	Proficiency
9.	Obtains and interprets information regarding risks and benefits to the community	Knowledge	Knowledge	Proficiency	Proficiency
10.	Applies data collection processes, information technology applications, and computer systems storage/retrieval strategies	Knowledge	Awareness	Proficiency	Proficiency
11.	Recognizes how the data illuminates ethical, political, scientific, economic, and overall public health issues	Knowledge	Awareness	Proficiency	Proficiency

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Domain #2: Policy Development/Program Planning Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Collects, summarizes, and interprets information relevant to an issue	Knowledge	Awareness	Proficiency	Proficiency
2.	States policy options and writes clear and concise policy statements	Awareness	Awareness	Proficiency	Proficiency
3.	Identifies, interprets, and implements public health laws, regulations, and policies related to specific programs	Knowledge	Knowledge	Proficiency	Proficiency
4.	Articulates the health, fiscal, administrative, legal, social, and political implications of each policy option	Awareness	Awareness	Proficiency	Proficiency
5.	States the feasibility and expected outcomes of each policy option	Awareness	Awareness	Proficiency	Proficiency
6.	Utilizes current techniques in decision analysis and health planning	Knowledge	Awareness	Proficiency	Proficiency
7.	Decides on the appropriate course of action	Knowledge	Awareness	Proficiency	Proficiency
8.	Develops a plan to implement policy, including goals, outcome and process objectives, and implementation steps	Knowledge	Awareness	Proficiency	Proficiency
9.	Translates policy into organizational plans, structures, and programs	N/A (see Note 1)	Awareness	N/A (see Note 1)	Proficiency
10.	Prepares and implements emergency response plans	Knowledge	Knowledge	Proficiency	Proficiency
11.	Develops mechanisms to monitor and evaluate programs for their effectiveness and quality	Knowledge	Knowledge	Proficiency	Proficiency

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Domain #3: Communication Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	**Populations/ Systems**	**Individuals & Families**	**Populations/ Systems**
1.	Communicates effectively both in writing and orally, or in other ways	Proficiency	Knowledge	Proficiency	Proficiency
2.	Solicits input from individuals and organizations	Proficiency	Knowledge	Proficiency	Proficiency
3.	Advocates for public health programs and resources	Proficiency	Knowledge	Proficiency	Proficiency
4.	Leads and participates in groups to address specific issues	Proficiency	Knowledge	Proficiency	Proficiency
5.	Uses the media, advanced technologies, and community networks to communicate information	Knowledge	Awareness	Knowledge*	Knowledge*
				* reflects ability to determine need for and to utilize experts in these areas	
6.	Effectively presents accurate demographic, statistical, programmatic, and scientific information for professional and lay audiences	Knowledge	Knowledge	Proficiency	Proficiency
7.	Attitudes: Listens to others in an unbiased manner, respects points of view of others, and promotes the expression of diverse opinions and perspectives	Proficiency	Proficiency	Proficiency	Proficiency

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Domain #4: Cultural Competency Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Utilizes appropriate methods for interacting sensitively, effectively, and professionally with persons from diverse cultural, socioeconomic, educational, racial, ethnic and professional backgrounds, and persons of all ages and lifestyle preferences	Proficiency	Proficiency	Proficiency	Proficiency
2.	Identifies the role of cultural, social, and behavioral factors in determining the delivery of public health services	Knowledge	Knowledge	Proficiency	Proficiency
3.	Develops and adapts approaches to problems that take into account cultural differences	Proficiency	Knowledge	Proficiency	Proficiency
4.	Attitudes: Understands the dynamic forces contributing to cultural diversity	N/A (see Note 1)	Knowledge	N/A (see Note 1)	Proficiency
5.	Attitudes: Understands the importance of a diverse public health workforce	N/A (see Note 1)	Knowledge	N/A (see Note 1)	Proficiency

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Domain #5: Community Dimensions of Practice Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Establishes and maintains linkages with key stakeholders		Knowledge		Proficiency
2.	Utilizes leadership, team building, negotiation, and conflict resolution skills to build community partnerships		Knowledge		Proficiency
3.	Collaborates with community partners to promote the health of the population		Knowledge		Proficiency
4.	Identifies how public and private organizations operate within a community		Knowledge		Proficiency
5.	Accomplishes effective community engagements		Knowledge		Proficiency
6.	Identifies community assets and available resources		Knowledge		Proficiency
7.	Develops, implements, and evaluates a community public health assessment		Knowledge		Proficiency
8.	Describes the role of government in the delivery of community health services		Knowledge		Proficiency

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Domain #6: Basic Public Health Sciences Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Identifies the individual's and organization's responsibilities within the context of the Essential Public Health Services and core functions	Knowledge	Knowledge	Proficiency	Proficiency
2.	Defines, assesses, and understands the health status of populations, determinants of health and illness, factors contributing to health promotion and disease prevention, and factors influencing the use of health services	Knowledge	Knowledge	Proficiency	Proficiency
3.	Understands the historical development, structure, and interaction of public health and health	Knowledge	Knowledge	Proficiency	Proficiency
4.	Identifies and applies basic research methods used in public health	Awareness	Awareness	Knowledge	Knowledge
5.	Applies the basic public health sciences including behavioral and social sciences, biostatistics, epidemiology, environmental public health, and prevention of chronic and infectious diseases and injuries	Awareness	Awareness	Knowledge	Knowledge
6.	Identifies and retrieves current relevant scientific evidence	Knowledge	Knowledge	Proficiency	Proficiency
7.	Identifies the limitations of research and the importance of observations and interrelationships	Awareness	Awareness	Knowledge	Knowledge
8.	Attitudes: Develops a lifelong commitment to rigorous critical thinking	Proficiency	Proficiency	Proficiency	Proficiency

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Domain #7: Financial Planning and Management Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Develops and presents a budget		Awareness		Proficiency
2.	Manages programs within budget constraints		Knowledge		Proficiency
3.	Applies budget processes		Awareness		Proficiency
4.	Develops strategies for determining budget priorities		Awareness		Proficiency
5.	Monitors program performance		Knowledge		Proficiency
6.	Prepares proposals for funding from external sources		Awareness		Proficiency
7.	Applies basic human relations skills to the management of organizations, motivation of personnel, and resolution of conflicts		Knowledge		Proficiency
8.	Manages information systems for collection, retrieval, and use of data for decision-making		Awareness		Proficiency
9.	Negotiates and develops contracts and other documents for the provision of population-based services		Awareness		Proficiency
10.	Conducts cost-effectiveness, cost-benefit, and cost utility analyses		Awareness		Proficiency

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Domain #8: Leadership and Systems Thinking Skills		Generalist/Staff PHN		Manager/CNS/Consultant/ Program Specialist/Executive	
		Individuals & Families	Populations/ Systems	Individuals & Families	Populations/ Systems
1.	Creates a culture of ethical standards within organizations and communities		Knowledge		Proficiency
2.	Helps create key values and shared vision and uses these principles to guide action		Knowledge		Proficiency
3.	Identifies internal and external issues that may impact delivery of essential public health services (i.e. strategic planning)		Knowledge		Proficiency
4.	Facilitates collaboration with internal and external groups to ensure participation of key stakeholders		Knowledge		Proficiency
5.	Promotes team and organizational learning		Knowledge		Proficiency
6.	Contributes to development, implementation, and monitoring of organizational performance standards		Knowledge		Proficiency
7.	Uses the legal and political system to effect change		Knowledge		Proficiency
8.	Applies theory of organizational structures to professional practice		Awareness		Proficiency

Note 1: (applicable to Domains 1, 2 and 4) These competencies, because of their population or system-focused language, do not apply at the individual/family level, but are applicable to the broader context of population-focused public health services and systems.

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Resource List

Public Health Nursing Information

Learning with Lily: Introduction to Public Health Nursing
This interactive CD is designed to be an educational tool and a source for reference material and can be used to introduce basic public health nursing concepts to newly-hired nurses or students. The CD is divided into modules and includes information about the following topics:

- Core functions and essential services of public health
- Population-based public health nursing
- History of public health nursing
- Public health system in Missouri
- Minnesota Model of Population-Based Nursing Interventions

The CD is available from the DHSS, Center for Local Public Health Services, 573-751-6170.

Missouri Department of Health & Senior Services, Council for Public Health Nursing Website http://www.dhss.mo.gov/LPHA/PHNursing/CPHN.html includes a downloadable brochure and power point presentation about public health nursing.

Public Health Interventions Wheel and Population-Based Public Health Nursing Resources and Tools available at
http://www.health.state.mn.us/divs/cfh/ophp/consultation/phn/21st-century_grant.html

Public Health Intervention Stories, A collection of Getting Behind the Wheel Stories available at http://www.health.state.mn.us/divs/cfh/ophp/resources/phnnews/docs/0606wheelbook.pdf

Public Health Nursing Manual, Department of Health & Senior Services (DHSS),
A web-based manual published that contains information about public health nursing in Missouri available at http://www.dhss.mo.gov/LPHA/PHNursing/PHNPreface.html .

Scope & Standards of Public Health Nursing available from the American Nurses Association at http://nursingworld.org/books/phome.cfm .

Public Health Information

Public Health Makes Life Better CD or Video
10 minute CD or Videotape explains what public health does. Available from the DHSS, Center for Local Public Health Services, 573-751-6170.

Public Health Works Manual
A web-based manual is designed to serve as a resource for Boards of Health, County Commissions, and local public health agency administrators. It provides basic information about a number of topics related to health agency administration, as well as links to more detailed documents and other related websites. Available at
http://www.dhss.mo.gov/LPHA/PHWorks/PublicHealthWorks.pdf.

Strengthening Missouri's Public Health System
A booklet developed by the DHSS, Center for Local Public Health Services that explains public health, the public health system and the core functions of public health. Available at http://www.dhss.mo.gov/LPHA/strengthPH.pdf or by calling 573-751-6170

Introduction to Epidemiology (EPI for Everyone)
An interactive CD program that contains basic information about the science of epidemiology. Available from DHSS, Center for Local Public Health Services. 573-751-6170.

Data & Statistical Reports

MICA - (Missouri Information for Community Assessment)
Missouri Information for Community Assessment (MICA) is an interactive system that allows the user to create and download tables, based on selected variables from various data files. Available at http://www.dhss.mo.gov/MICA/nojava.html .

Community Data Profiles
Community data profiles are available on various subject areas such as cause of death, chronic diseases, unintentional injuries, prenatal and others. Each community data profile table provides data on 15-30 indicators for each county/city selected. Information provided includes the number of events, county/city rate, statistical significance, quintile ranking and the state rate. Available at http://www.dhss.mo.gov/CommunityDataProfiles/.

Web Resources

Government Agencies/Elected Officials

Centers for Disease Control & Prevention (CDC) http://www.cdc.gov/

Missouri Department of Health and Senior Services (DHSS) http://www.dhss.mo.gov/

Missouri Ethics Commission http://www.moethics.mo.gov/Ethics/Generalinfo/Generalinfo.aspx

Missouri General Assembly http://www.moga.mo.gov/

Missouri State Board of Professional Registration
http://www.ded.mo.gov/regulatorylicensing/professionalregistration/

Missouri State Government Home Page http://www.mo.gov/

Public Health Organizations

National Association of Local Boards of Health (NALBOH) http://www.nalboh.org/

National Association of City County Health Officers (NACCHO) http://www.naccho.org/

American Public Health Association (APHA) http://www.apha.org/

Association of State & Territorial Health Officers (ASTHO) http://www.astho.org/

Missouri Association of Local Public Health Agencies (MoALPHA) http://www.moalpha.org/

Missouri Institute of Community Health (MICH) http://www.michweb.org/

Missouri Public Health Association (MPHA http://www.mopha.org/

Evaluation Tools

Guide to Community Preventive Services http://www.thecommunityguide.org

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Missouri Voluntary Local Public Health Agency Accreditation Program
http://www.michweb.org/accredoverview.html

National Public Health Performance Standards Program http://www.phppo.cdc.gov/nphpsp

Laws and Rules

Chapter 70, RSMo (Contractually created agencies)
http://www.moga.mo.gov/statutes/C070.HTM

Chapter 192, RSMo (County Commission created local public health agencies)
http://www.moga.mo.gov/statutes/c100-199/1920000280.htm

Chapter 205, RSMo (Identifies Board duties and powers)
http://www.moga.mo.gov/statutes/c200-299/2050000042.htm

Section 192.300 RSMo (Provides for Boards of Trustees and County Commissions to enact local ordinances for their jurisdiction) http:www.moga.mo.gov/statutes/C100-199/1920000300.HTM

Legal Expense Fund http://www.moga.mo.gov/statutes/C100-199/1050000711.HTM
http://www.moga.mo.gov/statutes/C100-199/1050000712.HTM
http://www.moga.mo.gov/statutes/C100-199/1050000716.HTM
http://www.moga.mo.gov/statutes/C100-199/1050000726.HTM

Missouri Open Meetings and Records Law (Sunshine)
http://www.ago.mo.gov/sunshinelaw/sunshinelaw.htm

Other

Missouri Department of Health and Senior Services Public Health Nursing Manual
http://www.dhss.mo.gov/Publications/PHNursing/PHNPreface.html

Missouri Department of Health and Senior Services Resources (Local Public Health Agencies Infrastructure Report, Financial Review, Contract Information and numerous other Publications)
http://www.dhss.mo.gov/LPHALinks.html#LPHA_Information

Missouri Local Public Health Agencies by Governance map
http://www.dhss.mo.gov/ColorMapLPHA.pdf

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Handbook Evaluation

Please help us evaluate this publication by responding to the following:

Briefly describe how you used this publication.

Do you have any suggestions for additional information or resources to include?

Do you have suggestions for anything that should be deleted?

Additional Comments.

Please fax to Missouri Department of Health & Senior Services, Center for Local Public Health Services at 573-751-5350 or e-mail to CLPHS1@dhss.mo.gov.